

Date of Request _____

REQUEST FOR QUARTERS OF COVERAGE (QC) HISTORY BASED ON RELATIONSHIP

Complete the information below when requesting QC history for spouse(s) or parent(s) of a lawfully admitted non-citizen applicant. Mail the form to the Social Security Administration, PO Box 17750, Baltimore, MD 21235-0001.

Print

Name: _____ Last _____ First _____ M.I. _____

SSN _____ - _____ - _____ Date of Birth _____ MM - DD - YY

Relationship to Applicant _____

NOTE: COMPLETE THE YEAR COLUMN AND CIRCLE THE PERTINENT QUARTER(S) FOR THE YEAR. SSA WILL PROVIDE INFORMATION ONLY FOR YEARS AND QUARTERS YOU INDICATE.

YEAR	QC PATTERN				YEAR	QC PATTERN			
	1ST Q	2ND Q	3RD Q	4TH Q		1ST Q	2ND Q	3RD Q	4TH Q
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

State's Name _____

&
Address _____

Contact Person's Name _____

&
Telephone Number _____

INSTRUCTIONS

FOR
FORM SSA-513 (OMB NO.:0960-0575)

REQUEST FOR QUARTERS OF COVERAGE (QC) HISTORY BASED ON RELATIONSHIP

This form will be used whenever you cannot obtain consent to release information from an individual, other than the applicant for your benefit, whose quarters of are needed to enable the applicant to meet the 40 Qualifying Quarter exception.

IMPORTANT: You do not need to complete this form if the individual whose record you need to access is deceased. In those cases, you can use the automated Quarters of Coverage History System.

1. Determine the relationship of the numberholder to the applicant.
2. Using section II. A. determine the years and quarters that can be credited to the applicant.
3. After you have determined which periods can be credited, complete complete form SSA-513.
 - Print the numberholder's name; last name, first name and middle initial; SSN; and date of birth in the spaces provided on the form.
 - Print the numberholder' relationship to the applicant in the space provided.
 - Using the information you determined in # 2, complete the year column and circle the quarters that could be credited to the applicant. There is sufficient space to request 20 years. If you need more, complete a second form and staple the forms together before mailing them to SSA.

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number.

Privacy Act Statement: Your response is voluntary; however, failure to provide all or part of the requested information could prevent an accurate and timely return of the requested information. The Social Security Administration will provide this information based on Public Law 104-193, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The information on this form will not be disclosed to any other agency.